

CITY OF SAGINAW
APPLICATION FOR PEDDLERS OR HAWKERS LICENSE
\$50.00 YEARLY

Must be approved prior to business operation



BUSINESS NAME

ADDRESS

PHONE

E-MAIL

MAILING ADDRESS IF DIFFERENT FROM ABOVE

LIST OFFICERS / PARTNERS

NAME

ADDRESS

TITLE

DESCRIPTION OF MERCHANDISE TO BE SOLD _____

IS SALES TAX REQUIRED: ____NO ____YES **NUMBER** _____ (attach copy)

STATE I.D. NUMBER _____ **FEDERAL I.D. NUMBER** _____

I hereby swear that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, State laws, City Charter, City Ordinances, and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business.

Print Name

Signature

Date

State of Michigan, County of Saginaw

The foregoing instrument was acknowledged before me on _____, by _____.

Notary Public

My commission expires _____.